M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02838

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Jane (Last) Armstrong

4. DATE OF DEATH (Month) 3 - (Day) 9 - (Year) 1952

5. SEX F.

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 8-14-1873

9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager & President

10b. KIND OF BUSINESS OR INDUSTRY Stove Foundry

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Armstrong

14. MOTHER'S MAIDEN NAME Isabella Strong

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Isabella Armstrong, Perryville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis massive	1 hr.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis chronic	5 yrs.
	(c) Arteriosclerosis	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1951, to 3-9, 1952, that I last saw the deceased alive on 3-9, 1952, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE J. H. Richardson (Degree or title) M.D. ADDRESS Port Deposit Cecil Md. DATE SIGNED 3-10-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 3-12-1952

NAME OF CEMETERY OR CREMATORY St Marks

LOCATION (City, town, or county) (State) Perryville, Md. Rural

DATE REC'D BY LOCAL REG. Mar 12, 1952

REGISTRAR'S SIGNATURE Ida M. Daugherty Act Reg.

24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

RECEIVED
MAR 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02839

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 25yr.6mo.20days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE N. Y. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Doughaston, Long Island
STREET ADDRESS (If rural, give location) 3810 Bay Avenue

3. NAME OF DECEASED: (Type or Print) (First) RALPH (Middle) G. (Last) BABER

4. DATE OF DEATH: (Month) March (Day) 24 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-14-1893
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sam Baber
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 2-24-1911 to 10-27-1919
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral vascular accident
DUE TO
334X Antecedent cause(s) (b) General Paralysis, cerebral type
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 9-4, 1926, to 3-24, 1952, ~~that I last saw the deceased~~ ~~alive on~~ and that death occurred at 3:15 a.m., from the causes and on the date stated above.

SIGNATURE M.D. (DECREE OR TITLE) ADDRESS DATE SIGNED
W. OPPLER, Acting Chief, Professional Services, VAH, Perry Point, Md. 3-25-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF 3-25-52
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REC. Mar. 26 1952
REGISTRAR'S SIGNATURE Ida M. Daugherty act. Reg.
24. FUNERAL DIRECTOR Pennington & Son ADDRESS
PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 28 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02840

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
LENGTH OF STAY (In this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural. RD 5
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Rhoda Ann (Middle) Rebecca (Last) Boone

4. DATE OF DEATH (Month) 3 (Day) 19 (Year) 1952

5. SEX Fi.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 7-21-1906
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Welch. W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Rose
14. MOTHER'S MAIDEN NAME Judy Mullens.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Leonard Boone, Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

163x

Immediate cause (a) Pulmonary Hemmorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Lungs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson MD (Degree or title) DME ADDRESS Rising Sun Md DATE SIGNED 3-20-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial. DATE THEREOF March 22, 1952 NAME OF CEMETERY OR CREMATORY Union LOCATION (City, town, or county) Elkton RD #4 (State) Md

DATE REC'D BY LOCAL REG. Mar 22 REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippin & Son B W Pippin ADDRESS Elkton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 26 1952
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

02841

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 40.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) Hollingsworth Manor

3. NAME OF DECEASED (Type or Print) (First) TILLMAN (Middle) (Last) BOYCE
4. DATE OF DEATH (Month) 3 (Day) 29 (Year) 1952

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5-30-1904
9. AGE last birthday 47 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Chemical Co
11. BIRTHPLACE (State or foreign country) Greenbrier Co W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Boyce
14. MOTHER'S MAIDEN NAME no information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Lawrence N Kimeson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Compound Fracture of left side of skull

812.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed left side of chest

Multiple abrasions over body

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 40 (CITY OR TOWN) Elkton (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 3 (Day) 29 (Year) 52 (Hour) 942 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Walked into truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R L Dodson MD (Degree or title) DM E ADDRESS Rising Sun Md DATE SIGNED 3-30-52.

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 3/31/52
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Romelle W. Va (State)

DATE REC'D BY LOCAL REG. Mar 30
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02842

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist.-No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS High St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) Bells Lane.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Edgar (Last) Brady
4. DATE OF DEATH (Month) 3 (Day) 31 (Year) 1952
5. SEX M.
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 9-1903
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Chesapeake City Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Robert Brady.
14. MOTHER'S MAIDEN NAME Margaret Royer.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 217-07-7500
17. INFORMANT AND ADDRESS Charles. Brady.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Penetrating Bullet wound.

976x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) back of Rt ear.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Inn. (CITY OR TOWN) Elkton (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 3 (Day) 31 (Year) 52 (Hour) 7:15 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot self with 38 Revolver.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson MD (Degree or title) DME ADDRESS Rising Sun Md. DATE SIGNED 3-31-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF April 5/52 NAME OF CEMETERY OR CREMATORY Bohemia Manor. LOCATION (City, town, or county) New Chesapeake City (State) Md

DATE REC'D BY LOCAL REG. April 1 REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton Md.

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VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY: CECIL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: VA Hospital, Perry Point, Md
LENGTH OF STAY (in this place): 1 mo. 12 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND COUNTY: CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKTON
STREET ADDRESS (If rural, give location): SINGERLY ROAD Box 63

3. NAME OF DECEASED: (Type or Print) (First) LEONARD (Middle) A. (Last) BROWN, SR.

4. DATE OF DEATH: (Month) March (Day) 16 (Year) 19 52

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: July 31, 1894

9. AGE last birthday: 57 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Transmission worker - Telephone

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Castle, Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSEPH BROWN

14. MOTHER'S MAIDEN NAME: ELIZABETH KING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

420.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 4, 19 52, to Mar. 16, 19 52, that I last saw the deceased ~~XXXX

RECEIVED
MAR 18 19
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton. — LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 360 W. Main St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton,
STREET ADDRESS (If rural give location) 360 W. Main St.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) E. Thompson (Last) BROWN.

4. DATE OF DEATH: (Month) MAR. (Day) 4 (Year) 1952

5. SEX: F. — 6. COLOR OR RACE: Wh. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed. — 8. DATE OF BIRTH: Nov. 9, 1885 — 9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Baltimore, Md. — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lamel Snyder. — 14. MOTHER'S MAIDEN NAME: Eva Jane Hoch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Mr. John Brown Elkton Md RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 1 day

592X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Endocarditis — 5 years +

(c) Chronic interstitial Nephritis — 5 years +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Large cystic thyroid — 10 yrs.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1925, to March 4 1952, that I last saw the deceased alive on March 1 1952, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE Herbert Baker — (Degree or title) M.D. — ADDRESS Elkton Md — DATE SIGNED March 5-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial. — DATE THEREOF 3/7/52 — NAME OF CEMETERY OR CREMATORY Elkton. — LOCATION (City, town, or county) Elkton, (State) Md

DATE REC'D BY LOCAL REG. Mar 7 — REGISTRAR'S SIGNATURE H B Frazer — 24. FUNERAL DIRECTOR Hopkins & Son — ADDRESS Elkton, Md

VS. A15

RECEIVED
MAR 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hollingsworth St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) 109 E High St

3. NAME OF DECEASED (Type or Print) (First) Susie (Middle) V. (Last) Bryson
4. DATE OF DEATH (Month) (Day) (Year) Mar. 13, 1952

5. SEX F.
6. COLOR OR RACE Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 3/4/1876
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Elkton R.D.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Mayfield Holmes
14. MOTHER'S MAIDEN NAME Mary V. Rutter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr Dorothy Bromble

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) acute Cardiac dilatation	10 minutes
442 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio renal vascular	3 years
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 11, 1952, to Mar 13, 1952, that I last saw the deceased alive on Mar 12, 1952, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE Herbert Bates (Degree or title) M. D. ADDRESS Elkton Md DATE SIGNED March 14, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/16/52
NAME OF CEMETERY OR CREMATORY Elkton
LOCATION (City, town, or county) Elkton (State) Md

DATE REC'D BY LOCAL REG. Mar 16
REGISTRAR'S SIGNATURE F. R. Frazer
24. FUNERAL DIRECTOR H. W. Pippin & Son By H. W. Elkton ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

RECEIVED
MAR 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Perry Point
LENGTH OF STAY (in this place): 1yr 4mo. 22days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D.C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 724 - 49th, N.E.

3. NAME OF DECEASED: (First) ANDREW (Middle) B. (Last) BYRD

4. DATE OF DEATH: (Month) March (Day) 2 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-14-1896

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Fredericksburg, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew B. Byrd

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Chronic interstitial nephritis	Unknown
592 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Chronic passive congestion of liver & spleen	1 month
	DUE TO (c) Pulmonary edema bilateral	1 week

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 10-9, 1950, to 3-2, 1952, ~~that I last saw the deceased alive on [illegible] and~~ that death occurred at 7:25 a.m., from the causes and on the date stated above.

SIGNATURE E. P. BRANNON (DEGREE OR TITLE) M.D. Chief, Professional Services ADDRESS VAH, Perry Point, Md. DATE SIGNED 3-4-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	3-4-52	Unknown	Washington, D.C.

DATE REC'D BY LOCAL REG. Mar 5 1952 — REGISTRAR'S SIGNATURE Ida M. Dougherty act Reg. — 24. FUNERAL DIRECTOR ADDRESS PENNINGTON & SON, Havre de Grace, Md.

VR. A15 8-51

RECEIVED
MAR 7 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
STREET ADDRESS (If rural, give location) 72 N. Main

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) Scharber (Last) Cain

4. DATE OF DEATH: (Month) March (Day) 2 (Year) 1952

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: Oct. 2, 1887 | 9. AGE last birthday: 64 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant | 10b. KIND OF BUSINESS OR INDUSTRY: Owner | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Cain | 14. MOTHER'S MAIDEN NAME: Louisa Hamm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS: Karlina Cain, Port Deposit, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

Immediate cause (a) Chronic Myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Endocarditis. 427.4

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 5 yrs (b) 5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 17, 1948, to Feb 29, 1952, that I last saw the deceased alive on Feb 29, 1952, and that death occurred at 3:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clarence F. Benson M.D. Port Depost, Md. 3/3/52.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 3-5-1952 | NAME OF CEMETERY OR CREMATORY: West Nottingham | LOCATION (City, town, or county) (State): Colora, Md. Rural

DATE REC'D BY LOCAL REG. Mar 5, 1952 | REGISTRAR'S SIGNATURE: Ida M. Dougherty act Reg. | 24. FUNERAL DIRECTOR: Lewis Patterson & Son. ADDRESS: Perryville, Md.

RECEIVED
MAR 7 1952
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02848

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NORTH EAST
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ALICE (Middle) (Last) CHURCH

4. DATE OF DEATH (Month) 3 (Day) 8 (Year) 1952

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH — 1902
9. AGE last birthday 50 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) NORTH CAROLINA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME P. L. CHURCH
14. MOTHER'S MAIDEN NAME TISH HAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of [redacted])
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS John P Church North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Adenocarcinoma of cervix uteri with metastasis	2 yrs.
Antecedent cause(s)	(b) —	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Essential Hypertension	2 yrs ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1/24/51
19b. MAJOR FINDINGS OF OPERATION Biopsy of Cervix – Adenocarcinoma of cervix
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1951, to 8 March, 1952, that I last saw the deceased alive on 7 March, 1952, and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE Klaus H Heubner (Degree or title) M.D. ADDRESS North East, Md DATE SIGNED 8 March '52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE 3-10-52
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) West Jefferson Pa. N.C.

DATE REC'D BY LOCAL REG. Mar 10
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Joseph R Grant North East Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 11 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

(PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Elkton, R.D #4
LENGTH OF STAY (in this place) 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton R.F.D. #4
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Groome (Last) Constable

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1952

5. SEX: M

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/15/1872

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: DuPont Co

11. BIRTHPLACE (State or foreign country): Elkton, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Albert Constable

14. MOTHER'S MAIDEN NAME: Elizabeth Groome

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If yes, give war or dates of service) Spanish - Amer.

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Rose D. Constable, Elkton, Maryland R.D. #4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral hemorrhage	6 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Hypertension Cardio-renal disease	Several years
	DUE TO (c)		

443

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1952, to Mar. 20, 1952, that I last saw the deceased alive on Mar. 20, 1952, and that death occurred at 9:00 P. m., from the causes and on the date stated above.

SIGNATURE S. Ralph Anderson Jr. (DEGREE OR TITLE) M.D. ADDRESS Elkton, Maryland DATE SIGNED 3/21/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF March 23 52

NAME OF CEMETERY OR CREMATORY Elkton Cemetery

LOCATION (City, town, or county) Elkton (State) Maryland

DATE REC'D BY LOCAL REG. Mar 23

REGISTRAR'S SIGNATURE I R Frazier

24. FUNERAL DIRECTOR H.W. Pippin & Son ADDRESS Elkton, Md.

RECEIVED
MAR 26 1952
BUREAU U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH
COUNTY: CECIL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NORTH EAST
LENGTH OF STAY (in this place): LIFETIME
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NORTH EAST
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) SUSAN (Middle) C (Last) CULLEY

4. DATE OF DEATH: (Month) 3 (Day) 4 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 5-27-1873

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JACOB TASKER

14. MOTHER'S MAIDEN NAME: SUSAN THORPE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Clarence Culley North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema	24 hrs.
4424 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above [redacted] stating the underlying cause last	(b) Hypertensive Cardiovascular Renal Disease	6 yrs. +
	(c) Inactive Healed Pulmonary T.B.	15 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophic Osteoarthritis — 20 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to 4 March, 1952, that I last saw the deceased alive on 3 March, 1952, and that death occurred at 9:25 A.m., from the causes and on the date stated above.

SIGNATURE: Klaus H Huebner (Degree or title) M.D. ADDRESS: North East, Md DATE SIGNED: 4 March '52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 3-7-1952 | NAME OF CEMETERY OR CREMATORY: Pleasant Grove | LOCATION (City, town, or county) (State): Pleasant Grove Pa

DATE REC'D BY LOCAL REG. 3-7-52 | REGISTRAR'S SIGNATURE: Sarah E. Fotheringer

24. FUNERAL DIRECTOR: Joseph R Grant ADDRESS: North East Md

RECEIVED
MAR 10 1952
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Delaware
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point — LENGTH OF STAY (in this place) 28 Years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital	STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED: (Type or Print) (First) Earl (Middle) (NMI) (Last) DELANEY			4. DATE OF DEATH: (Month) March (Day) 2 (Year) 1952	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: February 18, 1894	9. AGE last birthday: 58 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter	10b. KIND OF BUSINESS OR INDUSTRY: Unknown	11. BIRTHPLACE (State or foreign country): Smyrna, Delaware	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Daniel DELANEY - deceased		14. MOTHER'S MAIDEN NAME: Ella ROSE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI	16. SOCIAL SECURITY NO.: None	17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia	10 Hours
493X Antecedent cause(s)	DUE TO	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) — VA M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug. 7, 1924, to Mar. 2, 1952, ~~that I last saw the deceased alive on~~ ~~19~~, and that death occurred at 7:56 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

E.L. BRANNON, Chief Professional Services, VAH, Perry Point, Md. 3-2-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal	DATE THEREOF 3-2-52	NAME OF CEMETERY OR CREMATORY Smyrna Cemetery	LOCATION (City, town, or county) (State) Smyrna, Delaware
DATE REC'D BY LOCAL REG. Mar 3 1952	REGISTRAR'S SIGNATURE Ida M. Daugherty act Reg.	24. FUNERAL DIRECTOR [illegible]	ADDRESS Funeral Home, Havre De Grace, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 5 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96 (5)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: CECIL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point, Md.
LENGTH OF STAY (in this place): 2 mos. 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: DC. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WASHINGTON
STREET ADDRESS (If rural, give location): 2308 Champlain Street

3. NAME OF DECEASED: (First) THEODORE (Middle) NMI (Last) DRIVER
4. DATE OF DEATH: (Month) March (Day) 1, (Year) 19 52
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: Dec. 4, 1887
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: GEORGE DRIVER
14. MOTHER'S MAIDEN NAME: VIRGINIA ROSS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: 579-14-3074
17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia, bronchial, bilateral	Unknown
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Carcinoma of penis, post amputation with metastasis to right inguinal region	1 year
	DUE TO (c)	

179X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 3-1-51 Bilateral dissection of inguinal & femoral lymph node. 3-26-51 Application of pinch grafts to granulating wounds of lower abdomen from left thigh.

19a. DATE OF OPERATION: 12-27-50
19b. MAJOR FINDINGS OF OPERATION: Biopsy of penile lesion. 1-11-51 Amputation of penis.
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 10, 19 51, to Mar. 1, 19 52, that I last saw the deceased ~~xxxx

RECEIVED
MAR 7 1952
BUREAU V.

2853

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. 5

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Near Elkton
STREET ADDRESS (If rural give location) R.D. 5 Md

3. NAME OF DECEASED (Type or Print) (First) Milton (Middle) Jack (Last) Furches
4. DATE OF DEATH (Month) March (Day) 8th (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 26-1872
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mickey & Carpentering
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hickory - North Carolina
12. CITIZEN OF WHAT COUNTRY America

13. FATHER'S NAME Wesley Samuel Furches
14. MOTHER'S MAIDEN NAME Mary Louise Cain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT wife - Mrs Milton J. Furches - widow

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) General arteriosclerosis / Chronic endocarditis	unknown
156.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Probable carcinoma of liver	unknown
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 27, 1952, to March 7, 1952, that I last saw the deceased alive on March 7th, 1953 P.M., and that death occurred at 6.03 a.m. 3/8/52 from the causes and on the date stated above.

SIGNATURE (Degree or title) A. H. McKnight - MD. ADDRESS Elkton DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 3/11/52
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Greenville Tenn.

DATE REC'D BY LOCAL REG. Mar 10
REGISTRAR'S SIGNATURE F. R. Frazer
24. FUNERAL DIRECTOR H. W. Pippin & Son ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 11 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02854

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; MARYLAND; LENGTH OF STAY (In this place) 6 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) Della (Last) Gibson

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept. 4, 1876

9. AGE last birthday: 75 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Rising Sun, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Abraham Kirk

14. MOTHER'S MAIDEN NAME: Sarah Jane Keilholtz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Perry Gibson Rising Sun, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Occlusion

241 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac Asthma & decompensation

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-15, 1952, to 3-26, 1952, that I last saw the deceased alive on 3/26, 1952, and that death occurred at 12:55 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) R L Dodson M.D. ADDRESS Rising Sun Md. DATE SIGNED 3/27-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: March 30 1952; NAME OF CEMETERY OR CREMATORY: Hopewell; LOCATION (City, town, or county) (State): Near Port Deposit Md.

DATE REC'D BY LOCAL REG. Mar 28; REGISTRAR'S SIGNATURE F K Brazer

24. FUNERAL DIRECTOR ADDRESS: J. E. Tyson, Rising Sun, Md.

VS-A15

RECEIVED
MAR 31 1952
BUREAU V. S.

02855

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (In this place) 32 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton RD 5
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) W (Last) GONCE
4. DATE OF DEATH (Month) 3 (Day) 3 (Year) 1952.
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 16 1884
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sexton Cemetery
10b. KIND OF BUSINESS OR INDUSTRY Ret 2 yrs
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George C Gonce
14. MOTHER'S MAIDEN NAME Susan C Manning
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 219-07-4848
17. INFORMANT AND ADDRESS Sarah E Rothermel North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gunshot Wound of left side

976X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) of face & head.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH
PLACE (Home, farm, factory, street, office, etc.) OF INJURY Home.
(CITY OR TOWN) Providence Elkton RD 5 (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 3 (Day) 2 (Year) 1952. (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot self with gun.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson MD. (Degree or title) DME. ADDRESS Rising Sun Md. DATE SIGNED 3-3-52.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-5-1952
NAME OF CEMETERY OR CREMATORY Methodist
LOCATION (City, town, or county) North East, Cecil Co (State) Md
DATE REC'D BY LOCAL REG. Mar 5
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Joseph R. Grant ADDRESS North East, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 6 1952
BUREAU N. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Arkansas COUNTY Lincoln
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point — LENGTH OF STAY (in this place) 3yr.9mo.24days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Yorktown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print)	(First) ED	(Middle) (NMI)	(Last) GREEN	4. DATE OF DEATH: (Month) March (Day) 6 (Year) 1952	
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced	8. DATE OF BIRTH: 2-12-1892	9. AGE last birthday: 60 yrs.	IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY: Saw Mill & Various jobs	11. BIRTHPLACE (State or foreign country): Yorktown, Arkansas	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Unknown	14. MOTHER'S MAIDEN NAME: Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes I (If Yes, give war or dates of service) WW I	16. SOCIAL SECURITY NO.: None	17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Meningitis, non-epidemic type, cause undetermined	8 days
340.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) 1 Cerebral arteriosclerosis	Unknown
	DUE TO (c) Paranoid state	Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 5-11, 1948, to 3-6, 1952, ~~[illegible]~~ and that death occurred at 11:50 am., from the causes and on the date stated above.

SIGNATURE E. P. BRANNON, M.D. (DEGREE OR TITLE) Chief, Professional Services, ADDRESS VAH, Perry Point, Md. DATE SIGNED 3-10-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal	DATE THEREOF 3-8-52	NAME OF CEMETERY OR CREMATORY Baltimore National	LOCATION (City, town, or county) Baltimore, Md. (State)
DATE REC'D BY LOCAL REG. Mar 10, 1952	REGISTRAR'S SIGNATURE Ida M. Daugherty act Reg.	24. FUNERAL DIRECTOR Pennington & Son	ADDRESS PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 416 8-51

RECEIVED
MAR 12 1952
BUREAU W. S.

Item 1- Film J140 4-7-52 ars

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 06

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Cecil — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point

LENGTH OF STAY (in this place) 6 Yrs 6 Mos

HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Ohio COUNTY Belmont

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bellaire

STREET ADDRESS (If rural, give location) 3258 Monroe Avenue

3. NAME OF DECEASED: (Type or Print) (First) Guiseppe (Middle) (NMI) (Last) GULLA

4. DATE OF DEATH: (Month) March (Day) 29 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: February 6, 1889

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia, broncho. terminal — 6 Days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Cerebral Arteriosclerosis (4-7-52 ars)

DUE TO

(c)

334

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death Psychosis with Cerebral Arteriosclerosis — 6 Yrs 6 Mos

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) VA (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-8, 19 45, to 3-29-, 19 52, that I last saw the deceased alive on ////////////, 19////, and that death occurred at 12:55 a.m., from the causes and on the date stated above.

SIGNATURE DeHart Krans (DEGREE OR TITLE) ADDRESS DATE SIGNED

DeHart KRANS, M.D., Acting Chief Professional Services, VAH, Perry Point, Md. 3-30-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF 3-30-52 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Bellaire, Ohio

DATE REC'D BY LOCAL REG. Mar 30 1952 — REGISTRAR'S SIGNATURE Ida M. Daugherty act Reg. — 24. FUNERAL DIRECTOR Burlington Undertaking Co. — ADDRESS De Grace, Md

VS. A15 8-51

RECEIVED
APR 17 1952
BUREAU V. S.

Item 9 Film 6140 5/18/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH
COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit
LENGTH OF STAY (in this place): 30yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Hale

4. DATE OF DEATH: (Month) 3-7- (Day) (Year) 1952 19

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Unknown

9. AGE last birthday: Aged 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Day

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Beulah La Rue, Port Deposit, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myo. Cardiac Chronic — Acute Hypertension — Interval Between Onset and Death: Several years

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — Several years

(c) Hypertension Cardio Vascular Disease — Several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-5, 1952, to 3-7, 1952, that I last saw the deceased alive on 3-7, 1952, and that death occurred at 10:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. Willard M.D. — ADDRESS: R.F.D. 1 Box 52 Port Deposit Md. — DATE SIGNED: 3-8-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3-11-1952 — NAME OF CEMETERY OR CREMATORY: Jones Memorial — LOCATION (City, town, or county) (State): Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG.: May 11 1952 — REGISTRAR'S SIGNATURE: Ida M. Daugherty Act Reg. — 24. FUNERAL DIRECTOR: Lee A. Patterson & Son — ADDRESS: Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 11 - -
BUREAU V. S.

02859

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PERRY POINT
LENGTH OF STAY (in this place) 2yrs6mos7da
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS
STREET ADDRESS (If rural, give location) 314 LOCUST AVENUE

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) THOMAS (Last) HALL

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: December 22,1886
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FIREMAN USNA
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN HALL - DECEASED
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Pneumonia	Unknown
025X	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Syphilis, tertiary, meningo-encephalitic type	Unknown
(260X)	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 1.Diabetes Melitus. 2. Syphilis Tertiary. 3. Arteriosclerosis Generalized.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Sept. 20, 1949, to Mar. 27, 1952, ~~that I last saw the deceased~~ ~~XXXXXXXXXXXXXXXXXXXX~~, and that death occurred at 7:30 P.M. m., from the causes and on the date stated above.

SIGNATURE Willy Oppler
WILLY OPPLER, M.D.
(DEGREE OR TITLE) ADDRESS Acting, Chief Professional Services, VAH., Perry Point, Md.
DATE SIGNED 3-28-52

23. BURIAL, CREMATION REMOVAL (Specify): REMOVAL
DATE THEREOF 3-28-52
NAME OF CEMETERY OR CREMATORY Cedar Bluff
LOCATION (City, town, or county) (State) Annapolis, Md.

DATE REC'D BY LOCAL REG. Mar. 28, 1952
REGISTRAR'S SIGNATURE Ida M. Daugherty Act Reg.
24. FUNERAL DIRECTOR B. L. Hopping & Son
ADDRESS ~~B.L.HOPPING & SON, Annapolis, Maryland~~

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 31 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12860

Reg. Dist. No. 92

1. PLACE OF DEATH
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
LENGTH OF STAY (in this place): 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKTON Rural 1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) THEODOSIA (Middle) — (Last) HARRIS

4. DATE OF DEATH: (Month) 3 (Day) 3 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug 12 1865

9. AGE last birthday: 86 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Ford

14. MOTHER'S MAIDEN NAME: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Harriett Harris North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypostatic Pneumonia	5 days
334 K Antecedent cause(s)	(b) Hypertensive apoplexy	3 mos
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerosis	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 26, 1951, to Mar 3, 1952, that I last saw the deceased alive on Mar 3, 1952, and that death occurred at 6:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): George J Kreis M D — ADDRESS: Elkton Md — DATE SIGNED: 5 Mar 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3-6-52 — NAME OF CEMETERY OR CREMATORY: Wesley — LOCATION (City, town, or county) (State): Elkton Rural Md

DATE REC'D BY LOCAL REG.: Mar 5 — REGISTRAR'S SIGNATURE: H B Frazier

24. FUNERAL DIRECTOR: Joseph A. Grant — ADDRESS: North East Md

RECEIVED
MAR 6 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02861

Reg. Dist. No. 91

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Augustine Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural give location) St. Augustine Rd.

3. NAME OF DECEASED (Type or Print): (First) David (Middle) John (Last) Hermann
4. DATE OF DEATH: (Month) 3 (Day) 6 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) w. dowed
8. DATE OF BIRTH: Jan 5 1873
9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Self employed
11. BIRTHPLACE (State or foreign country): Chesapeake City
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Matthew Hermann
14. MOTHER'S MAIDEN NAME: Margaret Schrier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: Mrs. Margaret Biddle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 4 weeks
332X
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malnutrition — 2 years
(153X)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Probable carcinomatosis of colon.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 52, to Mar., 19 52, that I last saw the deceased alive on Mar. 6, 19 52, and that death occurred at 8 p.m., from the causes and on the date stated above.

SIGNATURE: Wallace Obenshain, M.D. (Degree or title) — ADDRESS: Cecilton, Md. — DATE SIGNED: 3-6-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/9/52 — NAME OF CEMETERY OR CREMATORY: Bethel — LOCATION (City, town, or county) (State): nr Chesapeake City, Md

DATE REC'D BY LOCAL REG. 7-1952 — REGISTRAR'S SIGNATURE: Ina Faulk H. Reg — 24. FUNERAL DIRECTOR: Whitepainter — ADDRESS: Elkton Md

RECEIVED
MAR 10 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0286

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit Rural
LENGTH OF STAY (in this place) 42 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) Dennison (Last) Jackson

4. DATE OF DEATH (Month) March (Day) 30 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct. 23 1874

9. AGE last birthday 77 yrs. If under 1 year: Months Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY Own Farm

11. BIRTHPLACE (State or foreign country) Perryville Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Thomas Miller Jackson

14. MOTHER'S MAIDEN NAME Maria Dennison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Melvin Jackson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH 14 Mos.

157X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION July-1951

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Pancreas

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Nov. 29 1952, that I last saw the deceased alive on March 29, 1952, and that death occurred at 2 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) G. J. Benson, M.D. ADDRESS Port Deposit, Md. DATE SIGNED 3/31/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF April 2 1952

NAME OF CEMETERY OR CREMATORY Ebenezer

LOCATION (City, town, or county) Near Rising Sun (State) Md.

DATE REC'D BY LOCAL REG. April 1-1952

REGISTRAR'S SIGNATURE L. M. Worthington

24. FUNERAL DIRECTOR J. E. Tyson ADDRESS Rising Sun Md.

RECEIVED
APR 2 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

3863

Reg. Dist. No. 91

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City — LENGTH OF STAY (In this place) 24 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2112 Lake Ave.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) D (Last) Lloyd, Jr.

4. DATE OF DEATH: (Month) 3 (Day) 6 (Year) 1952

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10-7-1898

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant Marine

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Chesapeake City Md U.S.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Lloyd, Sr.

14. MOTHER'S MAIDEN NAME: Susie Lloyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 222-01-2079

17. INFORMANT AND ADDRESS: Carlton Lloyd, Chesapeake City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) superemduced by shock.

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office, bldg., etc.) OF INJURY Home — (CITY OR TOWN) Chesapeake City — (COUNTY) Cecil — (STATE) Md

TIME OF INJURY (Month) 3 (Day) 5 (Year) 52 (Hour) 5 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Was attending Funeral of Son in Law

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

R L Dodson MD — Dover Rising Sun Md — 3-7-52.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: March 8/52 — NAME OF CEMETERY OR CREMATORY: Bethel — LOCATION (City, town, or county): Chesapeake City — (State): Md

DATE REC'D BY LOCAL REG.: March 7-1952 — REGISTRAR'S SIGNATURE: Mrs Mildred A. Price — 24. FUNERAL DIRECTOR: H. Tippett & Son — ADDRESS: Elkton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 10 1954
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02864

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; LENGTH OF STAY (In this place) all life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pleasant Hill; STREET ADDRESS (If rural, give location) Elkton R 7 D

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Mary (Last) Logan

4. DATE OF DEATH: (Month) March (Day) 15 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 5-14-1883

9. AGE last birthday: 68 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Cecil Co. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Brown

14. MOTHER'S MAIDEN NAME: Elizabeth Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Walter Logan. Elkton md R D

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema — Interval Between Onset and Death: 3 days

3317 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral hemorrhage — 6 days

(c) Chronic Endocarditis — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1935, to Mar 15, 1952, that I last saw the deceased alive on Mar 14, 1952, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE: Herbert Baker (Degree or title) M D ADDRESS: Elkton Md DATE SIGNED: 3/16/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: 3-18-1952; NAME OF CEMETERY OR CREMATORY: FRIENDS; LOCATION (City, town, or county) (State): Calvert Cecil Co Md

DATE REC'D BY LOCAL REG.: Mar 17; REGISTRAR'S SIGNATURE: H J Mason

24. FUNERAL DIRECTOR: Joseph R. Grant ADDRESS: North East Md

RECEIVED
MAR 20 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

2865

Reg. Dist. No. 9-7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND — CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN North East — LENGTH OF STAY (In this place) all life — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East — STREET ADDRESS (If rural, give location) North Main

3. NAME OF DECEASED (Type or Print): (First) El Wood (Middle) P (Last) LOGAN

4. DATE OF DEATH: (Month) 3 (Day) 4 (Year) 1952

5. SEX: M. — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: Dec 29 1875 — 9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer — 10b. KIND OF BUSINESS OR INDUSTRY: Construction — 11. BIRTHPLACE (State or foreign country): Maryland. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stationary Engineer Oliver Logan — 14. MOTHER'S MAIDEN NAME: Theresa Atkinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — 16. SOCIAL SECURITY NO.: 220-09-4169 — 17. INFORMANT: Mrs Elwood P. Logan North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured Occipital bone and

9 0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 3 Cervical Vertebrae. Lacerated (c) scalp & abrasions

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home — (CITY OR TOWN) North East. — (COUNTY) Cecil — (STATE) Md.

TIME OF INJURY (Month) 3 (Day) 4 (Year) 52 (Hour) 5½ p.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Fell backwards down stairs

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

W. L. Dodson MD D.M.E. — Rising Sun Md — 3-4-52.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3-9-52 — NAME OF CEMETERY OR CREMATORY: Methodist — LOCATION (City, town, or county) (State): North East Cecil Co Md

DATE REC'D BY LOCAL REG. 3-7-1952 — REGISTRAR'S SIGNATURE: Sarah E. Rothermel — 24. FUNERAL DIRECTOR: Joseph R. Grant — ADDRESS: North East Md

VS. A15A

RECEIVED
MAR 10 19
BUREAU V. S.

Yak.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02866

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) 16 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Richard	(Middle)	(Last) Makie	4. DATE OF DEATH	(Month) 3 (Day) 4 (Year) 1952
5. SEX M	6. COLOR OR RACE Wh.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH June 24, 1877	9. AGE last birthday 74 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mover	10b. KIND OF BUSINESS OR INDUSTRY Chicken	11. BIRTHPLACE (State or foreign country) Md Inf	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME No Inf.	14. MOTHER'S MAIDEN NAME No Inf.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Hospital Records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	2 hrs.
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio Vascular Renal Disease	10 yrs?
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertrophic Osteoarthritis	10 yrs?

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May, 1946, to 4 March, 1952, that I last saw the deceased alive on 3 March, 1952, and that death occurred at 6:15 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Klaus H Huebner	M.D.	North East, Md	4 March '52

23. BURIAL, CREMATION REMOVAL (Specify). Burial	DATE 3/11/52	NAME OF CEMETERY OR CREMATORY Bethel	LOCATION (City, town, or county) (State) Nor North East, Md
DATE REC'D BY LOCAL REG. Mar 10	REGISTRAR'S SIGNATURE F H Frazer	24. FUNERAL DIRECTOR H W Kippen & Son	ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
MAR 11 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Cecil — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point — LENGTH OF STAY (In this place): 6 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: District of Columbia — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington

STREET ADDRESS (If rural, give location): 1025 B arnaby Terrace, S.E.

3. NAME OF DECEASED: (Type or Print) (First) JESSE (Middle) (N.M.I) (Last) MAXWELL

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	12-11-1896	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Guard	Riggs National Bank, Wash.D.C.	West Virginia	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Jonathan Maxwell - Deceased	Anna Chalk - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	WW I & II	232-01-5313	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Uremia	Unknown
600,0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Chronic pyelonephritis from ureterosigmoid transplant	Unknown
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
			M.			

22. I hereby certify that I attended the deceased from 3-14, 19 52, to 3-20, 19 52, ~~that I last saw the deceased~~ alive on ~~19~~, and that death occurred at 7:55 a.m., from the causes and on the date stated above.

SIGNATURE: W. Oppler — (DEGREE OR TITLE) W. OPPLER, Acting, Chief Professional Services — ADDRESS VAH, Perry Point, Md. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	3-24-52	Arlington National	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 22-52	Ida M. Daugherty	W W Chambers Co	W. CHAMBERS CO. 517-11th St., S.E. Wash. D.C.

VS. A15 8-51

RECEIVED
MAR 26 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-1A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.D. #5 Elkton
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.D. #5 Elkton, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) TAYLOR (Last) McAllister

4. DATE OF DEATH: (Month) 3 (Day) 26 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: May 20, 1870

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Chester Co. Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James T. McAllister

14. MOTHER'S MAIDEN NAME: Jane Daren

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service)

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS: Mrs. Joseph McFadden, R.D. #5 Elkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Apoplexy Cerebral Hemorrhage	Instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Glom. Nephritis	10 yrs
	(c) Arteriosclerotic Senere Hypertension	5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 1951, to 26 Mar., 1952, that I last saw the deceased alive on 15 Mar., 1952, and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George J. Kreis, Jr. M.D. — ADDRESS Elkton, Md. — DATE SIGNED 3/27/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 3/29/52 — NAME OF CEMETERY OR CREMATORY Cherry Hill Cemetery — LOCATION (City, town, or county) (State) N. Elkton, Md.

DATE REC'D BY LOCAL REG. Mar 27 — REGISTRAR'S SIGNATURE L.H. Frazer

24. FUNERAL DIRECTOR H. W. Pippin & Son — ADDRESS Elkton, Md.

D.D.

RECEIVED
MAR 31 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 91

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) F (Last) MORRIS
4. DATE OF DEATH (Month) 3 (Day) 2 (Year) 1952
5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 21-1879
9. AGE last birthday 73 yrs. If under 1 year: Months | Days | If under 24 hrs: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY unk.
11. BIRTHPLACE (State or foreign country) Chesapeake City Md
12. CITIZEN OF WHAT COUNTRY? N.A.
13. FATHER'S NAME Thomas Morris
14. MOTHER'S MAIDEN NAME Cassalow
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Lilly M. Morris, Chesapeake City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis with
422.2
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) failure
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE A. L. Dockson MD (Degree or title) DM E ADDRESS Rising Sun Md DATE SIGNED 3-2-52.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/5/52
NAME OF CEMETERY OR CREMATORY Bethel
LOCATION (City, town, or county) Nr. Chesapeake City (State) Md

DATE REC'D BY LOCAL REG. March 3/52
REGISTRAR'S SIGNATURE Mrs Ballard H. Bl[illegible]
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92-72

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elk Mills
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Louise (Middle) Elizabeth (Last) Murray

4. DATE OF DEATH: (Month) March (Day) 30 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct. 9, 1907

9. AGE last birthday: 44 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Minor

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis B. Vandenhoof

14. MOTHER'S MAIDEN NAME: Hattie Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Clarence Murray, Elk Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardio-Renal Disease — Unknown

442X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia - severe - Cause unknown — Unknown

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 29 1952, to March 30, 1952, that I last saw the deceased alive on March 30, 1952 and that death occurred at 11 25 p m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
L. Kelly Arthur | M.D | Elkton, Md | 3/31/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE April 2/52 | NAME OF CEMETERY OR CREMATORY Cherry Hill | LOCATION (City, town, or county) (State) Cherry Hill, Md

DATE REC'D BY LOCAL REG. April 1 | REGISTRAR'S SIGNATURE F H Frazer

24. FUNERAL DIRECTOR H. W. Tuppan Son | ADDRESS Elkton, Md

RECEIVED
APR 3
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Cecil — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Perry Point

LENGTH OF STAY (in this place): 8mo.6days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: District of Columbia — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington

STREET ADDRESS (If rural, give location): 2921 O. Street, S.E.

3. NAME OF DECEASED: (Type or Print) (First) RAYMOND (Middle) B. (Last) NORRIS

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed	7-9-1885	66 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Bureau of Printing & Engraving, Wash. D.C.	Baltimore, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph E. Norris - Deceased	Hannah E. Mahon - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes — Spanish American	None	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute myocardial failure	36 hours
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Central nervous system syphilis, meningo-vascular type, without psychosis	Unknown
DUE TO		
	(c) Hemiparesis, right, with urinary incontinence due to Dg. 1	Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 7-13, 1951, to 3-19, 1952, ~~that I last saw the deceased~~, and that death occurred at 4:45 a.m., from the causes and on the date stated above.

SIGNATURE: W. Oppler — (DEGREE OR TITLE) ADDRESS: W. OPPLER, Acting Chief, Professional Services, VAH, Perry Point, Md. — DATE SIGNED: 3-19-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	3-19-52	Mt. Olivet	Washington, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 19 1952	Ida M. Daugherty Act Reg.	Pennington & Son	PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
MAR 21 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora Rural | LENGTH OF STAY (In this place) 79 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora. Rural.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) (Last) RAMSEY

4. DATE OF DEATH: (Month) March (Day) 21 (Year) 1952

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Nov. 12. 1872 | 9. AGE last birthday: 79 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer | 10b. KIND OF BUSINESS OR INDUSTRY: Ware House Laborer | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Matilda Ramsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: Cannot be found. | 17. INFORMANT AND ADDRESS: Albert Barrett. Colora. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 12 hours

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteria Sclerosis — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1949, to Mar., 1952, that I last saw the deceased alive on Mar. 21, 1952, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE: H Snodgrass (Degree or title) M.D. | ADDRESS: Darlington, Md. | DATE SIGNED: 3/23/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: March. 25. 1952 | NAME OF CEMETERY OR CREMATORY: West Nottingham | LOCATION (City, town, or county): Nor Colora (State) Md.

DATE REC'D BY LOCAL REGISTRAR: Mch 24 - 52 | REGISTRAR'S SIGNATURE: Lillie Worthington

24. FUNERAL DIRECTOR: J. E. Dyson | ADDRESS: Rising Sun, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAR 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON
LENGTH OF STAY (in this place) 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS UNION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) HENRY (Middle) JAMES (Last) READ

4. DATE OF DEATH (Month) 3 (Day) 31 (Year) 1952

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWER
8. DATE OF BIRTH July 31-1861
9. AGE last birthday 90 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PARKING LOT ATTENDANT
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) ENGLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME THOMAS READ
14. MOTHER'S MAIDEN NAME MD information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. NO
17. INFORMANT AND ADDRESS Elsie R Coles Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 18, 1952, to March 31, 1952, that I last saw the deceased alive on March 30, 1952, and that death occurred at 12 40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
S. Ralph Andrews Jr. M.D. Elkton, Maryland 3/31/52

23. BURIAL, CREMATION REMOVAL (Specify) REMOVAL
DATE 4-1-1952
NAME OF CEMETERY OR CREMATORY RIVERSIDE
LOCATION (City, town, or county) (State) ROCHESTER MONROE Co. N.Y.

DATE REC'D BY LOCAL REG. Mar 31
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Joseph R Grant North East Md ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 1 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1287J

Reg. Dist. No. 94-97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) Navy Academy

3. NAME OF DECEASED (Type or Print): (First) DONALD (Middle) CHARLES (Last) REGAN

4. DATE OF DEATH: (Month) 3 (Day) 20 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-27-30

9. AGE last birthday: 21 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Midshipman

10b. KIND OF BUSINESS OR INDUSTRY: U.S.N.

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Regan

14. MOTHER'S MAIDEN NAME: Alice Quinn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS ✓

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Partial decapitation of upper part of head.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Compound fracture of both forearms

(c) Crushed chest . Fractured spine, Multiple lacerations and abrasions

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 40 (CITY OR TOWN) North East (COUNTY) Cecil (STATE) Md.

TIME OF INJURY (Month) 3 (Day) 20 (Year) 52 (Hour) 7:00PM

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Automobile Accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. L. Cockerille M.D. DMC Laurel Md. 3-21-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF 3/22/52 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): 337 E. 188 ST. Bronx, N. Y.

DATE REC'D BY LOCAL REG. 3/21/52 | REGIST.AR'S SIGNATURE: ~~Dorothy B. Gemble~~ Sarah Rothermel

24. FUNERAL DIRECTOR: Lee A. Patterson & Son ADDRESS: Berryville, Md.

RECEIVED

[illegible] 26 1952

BUREAU V. S.

COPY SENT TO ~~LOCAL~~ CHO REGISTRAR No. ____ DATE 3/26/52

02875

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital	STREET ADDRESS (If rural give location) 148 W. Main

3. NAME OF DECEASED (Type or Print) (First) Brenda (Middle) J (Last) Sage			4. DATE OF DEATH (Month) March (Day) 14 (Year) 1952		
5. SEX F	6. COLOR OR RACE Wh	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Feb. 2, 1952	9. AGE last birthday yrs.	If under 1 year Months 1 Days 12 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Elkton Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Jessie Sage			14. MOTHER'S MAIDEN NAME Laura Lake		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT Mrs Mary Cote 148 W Main St Elkton Md		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congenital Heart Disease	Since Birth
754.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Single Ventricle	"
	(c) transposition	"

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Possible anomalie of Aorta

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Feb, 1952, to 14 Mar, 1952, that I last saw the deceased alive on 14 March, 1952, and that death occurred at 9:20 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George J Krein, Jr	MD	Elkton Md	3/16/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	March 17, 1952	Gilpin Manor Mem. Pk.	Elkton R.D.	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 17	F R Frazer	H.W. Pippin & Son	Elkton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Galena; STREET ADDRESS (If rural, give location) Locust Grove

3. NAME OF DECEASED (Type or Print): (First) Pauline (Middle) Grace (Last) Smith

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: nov 24 1899

9. AGE last birthday: 52 yrs.; If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Queen Anne's Co, md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Smith

14. MOTHER'S MAIDEN NAME: Irene Fields

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: James Edwards Smith

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure due to

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Hypertension due to

(c) Pulmonary Carcinomatosis

INTERVAL BETWEEN ONSET AND DEATH: 4 weeks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Breast-c metastases — 1½ years

19a. DATE OF OPERATION: Sept 1950

19b. MAJOR FINDINGS OF OPERATION: Far advanced carcinoma of breast.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1952, to March 1952 that I last saw the deceased alive on March 9, 1952, and that death occurred at 3 30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wallace Obenshain MD — ADDRESS: Cecilton Md. — DATE SIGNED: March 9 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/12/52 — NAME OF CEMETERY OR CREMATORY: Still Pond Cemetery — LOCATION (City, town, or county) (State): Still Pond, Md.

DATE REC'D BY LOCAL REG.: Mar 10 — REGISTRAR'S SIGNATURE: F W Frazer

24. FUNERAL DIRECTOR — ADDRESS: B.R. Fellows Still Pond, Md.

VS. A15

RECEIVED
MAR 12 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 112 7.

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ■■ is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Cecil — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point

LENGTH OF STAY (in this place): 2mo. 7days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Adminitration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Wic.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury

STREET ADDRESS (If rural, give location): 334 E. Church

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
SAMUEL	P.	SMITH	March	18	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS: Hours / Min.
Male	Negro	Separated	1-10-1897	55 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Boot-Black	Unknown	Onancock, Va.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown - Deceased	Unknown - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	WW I	None	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial heart failure	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic heart disease	Unknown
	DUE TO (c)	

4208

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 1-11, 1952, to 3-18, 1952, ~~that I last saw the deceased~~ and that death occurred at 2:00 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

W. ORZER, Acting Chief, Professional Services, VAH, Perry Point, Md. — 3-20-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	3-20-52	Unknown	Tasley, Va.

DATE REC'D BY LOCAL REG. MAR 20 1952 — REGISTRAR'S SIGNATURE: Ida N. Daugherty, act. Reg. — FUNERAL DIRECTOR — ADDRESS

Pennington & Son — PENNINGTON & SON, Havre de Grace, Md.

VS. A15—8-51

RECEIVED
MAR 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 97

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bainbridge,
LENGTH OF STAY (in this place) 36 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 106 Virginia Avenue

3. NAME OF DECEASED (Type or Print) (First) PAUL (Middle) EDWARD (Last) SPAUR
4. DATE OF DEATH (Month) March (Day) 9 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12-27-29
9. AGE last birthday 22 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman USN
10b. KIND OF BUSINESS OR INDUSTRY USN
11. BIRTHPLACE (State or foreign country) Charleston West Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James W. Spaur
14. MOTHER'S MAIDEN NAME Mary Frances Peck
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---
16. SOCIAL SECURITY No. ----
17. INFORMANT AND ADDRESS Mrs. Paul E. Spaur

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemmorrhage of Left Cerebella Hemisphere — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [XX] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work [ ] Not while at work [ ]
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [X], Inquiry [X] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE All Dodson MD (Degree or title) Dm E ADDRESS Rising Sun Md DATE SIGNED 3-9-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial & Removal
DATE THEREOF 3-10-52
NAME OF CEMETERY OR CREMATORY Zion Memorial Park
LOCATION (City, town, or county) (State) Cumberland, Maryland
DATE REC'D BY LOCAL REG. 3-10-52
REGISTRAR'S SIGNATURE Dorothy L. [illegible]
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 21 1952
BUREAU V.A.

02879

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (in this place): 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cecilton, Md.
STREET ADDRESS (If rural, give location): New Street.

3. NAME OF DECEASED (Type or Print) (First): Wesley (Middle): — (Last): Thomas
4. DATE OF DEATH (Month) (Day) (Year): March 14 1952
5. SEX: Male.
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec 25 1886
9. AGE last birthday: 65 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: John Thomas
14. MOTHER'S MAIDEN NAME: Jeanette Price
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): unknown
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT AND ADDRESS: Self

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Aplastic Anemia due to — 3 weeks

292.4 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Toxic Depression of Bone Marrow — 2 months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to Mar, 1952 that I last saw the deceased alive on Mar 14, 1952, and that death occurred at 4 55 p m., from the causes and on the date stated above.

SIGNATURE: Wallace Oleenshain, M.D. (Degree or title) — ADDRESS: Cecilton, Md. — DATE SIGNED: March 14 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: March 18 1952 — NAME OF CEMETERY OR CREMATORY: Cecilton Am. — LOCATION (City, town, or county): Cecilton (State): Md

DATE REC'D BY LOCAL REG.: Mar 14 — REGISTRAR'S SIGNATURE: F R Frazer — 24. FUNERAL DIRECTOR: Edward Pillow — ADDRESS: Millington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR. 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02880

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 2 Mo 16 Da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural, give location) 1354 St. Ross Street

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) (Last) WILLIS

4. DATE OF DEATH: (Month) March (Day) 8 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: July 11, 1893
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months 7 Days 26 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Custodian Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Labor - U.S. Govt
11. BIRTHPLACE (State or foreign country): Arlington, Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Willis
14. MOTHER'S MAIDEN NAME: Sarah Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO.: 225-05-0197
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Metastis of Neurogenic Sarcoma — INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO

1934 Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: January 2, 1952
19b. MAJOR FINDINGS OF OPERATION: Very large madulary tumor involving the ascending colon and hepatic flexure.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that VA attended the deceased from Dec. 21, 1951, to Mar. 8, 1952, and that death occurred at 8:00 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
WILLIE OPPLER, M.D. Asst. Chief, Professional Services, VAH, Perry Point, Md. 3-8-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF 3-8-52
NAME OF CEMETERY OR CREMATORY Arlington National, Ft Myer, Virginia.
LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. Mar 8, 1952
REGISTRAR'S SIGNATURE Ida M. Daugherty act Reg.
24. FUNERAL DIRECTOR Elmer E. Bullock Bucker w. Wellsh. BULLOCK MORTUARY, Havre De Grace, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 11 1952
BUREAU V. S.